

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
3	1		1				51		1				
4		1		1			52		1				
5		1		1			53	1		1			
6		1		1			54		1		1		
7		1		1			55		1		1		
8		1		1			56		1		1		
							57	1		1			
							58		1		1		
							59		1		1		
							60	1		1			
							61		1		1		
							62		1		1		
13	1		1				63	1		1			
14		1		1			64		1		1		
15	1		1				65		1		1		
16	1	1	1	1			66		1		1		
17	1		1				67		1		1		
18	1		1				68			1			
19		1		1									
20		1		1			70	1		1			
							71	1		1			
22		1		1			72	1		1			
							73			1			
							74			1			
25		1		1			75			1			
26		1		1			76			1			
27		2		2			77			1			
28		2		2			78			5			
29	1		1				79			5			
30	1		1				80			5			
31	1		1				81			5			
32		2		2			82						
33	1		1				83						
34	1	1	1				84						
35		2		2			85						
36		3		3			86						
37	1		1				87						
38		1		1			88						
39	1		1				89						
40	1		1				90						
41		2		2			91						
42	1		1				92						
43	1		1				93						
44	1		1				94						
45	1		1				95						
46	1		1				96						
47		1		1			97						
48	1		1				98						
49	1		1				99						
50		1		1			100						
TOTAL IND.	30		20				TOTAL IND.			13			
TOTAL DEP.	40		26				TOTAL DEP.			31			
TOTAL CLAIMS	122		46				TOTAL CLAIMS			44			

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